

treatment data were collected according to a standardised protocol. jSLE patients (≤ 18 years old) were selected from this cohort and matched for gender and disease duration in a 1:1 ratio with aSLE patients. Data from the enrolment visit (V0) and last visit (VL) were analysed in this study.

Results There were 148 jSLE patients with sufficient information for analysis who were matched with 148 aSLE patients. Fever and lymphadenopathy ($p < 0.001$) and hypocomplementemia ($p = 0.002$ at V0) were significantly more common in jSLE, while cardiovascular manifestations were significantly more common in aSLE patients ($p = 0.008$ at VL). Disease activity measured by the SLE Disease Activity Index (SLEDAI) was higher in the jSLE group at V0 (median SLEDAI 4 vs 2, $p = 0.05$) and at VL (median SLEDAI 2.5 vs 0, $p = 0.007$). A significantly higher proportion of jSLE patients received immunosuppressants (intravenous cyclophosphamide, mycophenolate mofetil, azathioprine and ciclosporin) ($p = 0.003$ at V0, $p < 0.001$ at VL) and intravenous methylprednisolone ($p < 0.001$ at V0 and VL) compared to aSLE patients.

Conclusions A higher proportion of jSLE patients have fever, lymphadenopathy, hypocomplementemia; more active disease requiring greater use of immunosuppressants compared to aSLE patients. Early diagnosis and treatment of jSLE may prevent development of major organ involvement, in particular renal and neuropsychiatric disease.

11. SLE pregnancy and reproductive health

LP-200

RELAPSING POLYCHONDROITIS AND SYSTEMIC LUPUS ERYTHEMATOSUS OVERLAP IN A 26 YEAR OLD G2P1 PREGNANT MOTHER WITH SUCCESSFUL PREGNANCY OUTCOME

Adel Taradjji*, Melchor Siriban, Marlon Loquias. *Internal Medicine, Zamboanga City Medical Center, Philippines*

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Description We report a case of a 26 year old female, Gravida 2 Para 1 (G2P1) 30 weeks age of gestation (AOG), with shortness of breath and chest discomfort. History revealed 4 years prior, patient has been experiencing chronic urticaria in the face, abdomen and extremities aggravated by sunlight. Upon consult, she was given Prednisone 20mg twice daily and Chlorphenamine 4mg daily but was lost to follow up. Four years later, she was hospitalized due to joint pains, butterfly rashes and shortness of breath. Using the SLICC criteria (cutaneous, serositis, synovitis, FANA), patient was managed as SLE. Antiphospholipid and cardiolipin panels were negative. She was started on Hydroxychloroquine 200mg twice daily, Prednisone 20mg daily and Mycophenolate 1gram daily. However, discontinued her medications upon pregnancy. Few months later, she was readmitted for chest discomfort, shortness of breath and uterine contractions. She has red raised patched rashes on extremities, periorbital edema, saddle nose, and cauliflower ears. Hence, Relapsing Polychondritis on top of SLE, G2P1 30 weeks AOG on preterm labor was entertained. 2D echocardiogram revealed normal left ventricular size with normal systolic/diastolic function, ejection fraction of 64%, dilated left atrium with trivial pericardial effusion 0.5cm. She was started on Dexamethasone 6mg every 12 hours for 4 doses, Nifedipine

10mg thrice daily, Hydroxychloroquine 200mg daily, Enoxaparin 40mg every 12 hours and Colchicine 0.5mg daily. Symptoms improved and preterm labor was controlled. She was discharged with the following medications: Hydroxychloroquine 200mg daily, Prednisone 20mg daily, Azathioprine 50mg daily, and Aspirin 80mg daily. After a few weeks, she successfully delivered a live term baby boy with no complications.

Conclusions Systemic Lupus Erythematosus with Relapsing Polychondritis overlap during pregnancy carry a high maternal and fetal risk. Thus, a multidisciplinary approach with close medical, obstetric, and neonatal monitoring is necessary to optimize both maternal and fetal outcome.

12. SLE treatment

LP-179

DESIGN OF 2 PHASE 3, DOUBLE-BLIND, PLACEBO-CONTROLLED, GLOBAL TRIALS OF DEUCRAVACITINIB, AN ORAL, SELECTIVE, ALLOSTERIC TYROSINE KINASE 2 (TYK2) INHIBITOR, IN PATIENTS WITH ACTIVE SYSTEMIC LUPUS ERYTHEMATOSUS

^{1,2}Cristina Arriens*, ³Anca Askanase, ⁴Richard Furie, ⁵Eric Morand, ⁶Ronald van Vollenhoven, ⁷Kevin Connors, ⁷Monica Davey, ⁷Nikolay Delev, ⁷Vaishali Shah, ⁷Anna Stevens, ⁷Thomas Wegman, ⁷Coburn Hobar. ¹Arthritis and Clinical Immunology, Rheumatology, Oklahoma Medical Research Foundation, USA; ²Medicine, University of Oklahoma Health Sciences Center, USA; ³Rheumatology, Columbia University, USA; ⁴Rheumatology, Northwell Health, USA; ⁵School of Clinical Sciences, Monash University, Australia; ⁶Clinical Immunology and Rheumatology, Amsterdam University Medical Centers, Netherlands; ⁷Clinical Development, Bristol Myers Squibb, USA

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Background Deucravacitinib is a first-in-class, oral, selective, allosteric tyrosine kinase 2 (TYK2) inhibitor, approved in multiple countries for the treatment of adults with plaque psoriasis.^{1 2} Deucravacitinib demonstrated efficacy across the primary endpoint and all key secondary endpoints in a phase 2 trial in patients with systemic lupus erythematosus (SLE).³ Here, we describe 2 phase 3 trials currently underway to assess the efficacy and safety of deucravacitinib in patients with active SLE. These phase 3 trials have been designed to replicate the successful elements of the phase 2 trial, including its glucocorticoid-tapering strategy and rigorous management structure.³

Methods In these phase 3, randomized, double-blind, placebo-controlled, global trials (POETYK SLE-1 [NCT05617677], POETYK SLE-2 [NCT05620407]), adults (aged 18–75) with active SLE on background standard-of-care treatment will be randomized (1:1) to placebo or deucravacitinib for 52 weeks of double-blind treatment (figure 1). Patients on glucocorticoids will be instructed to taper, unless significant disease activity is present, to a threshold dose level during the double-blind treatment period. At week 52, patients may choose to continue in a 104-week open-label extension phase, in which all patients receive deucravacitinib. Key eligibility criteria and study design are depicted below (figure 1) primary endpoint of SLE Responder Index (SRI[4]) and all secondary endpoints will be assessed at week 52 (table 1) safety and tolerability will be assessed throughout the trial

Results Planned randomization in each trial includes 490 patients (245 per treatment group) in 27 countries across North and South America, Europe, and Asia-Pacific.